

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/01/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150164		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/11/2011	
NAME OF PROVIDER OR SUPPLIER MONROE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 4011 S MONROE MEDICAL PARK BLVD BLOOMINGTON, IN47403			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	<p>This visit was for the investigation of a State licensure hospital complaint.</p> <p>Complaint Number: IN00091425</p> <p>Unsubstantiated: Deficiencies unrelated to the allegation are cited.</p> <p>Date: July 11, 2011</p> <p>Facility: 004287</p> <p>Surveyor: Billie Jo Fritch RN, BSN, MBA Public Health Nurse Surveyor</p> <p>QA: claughlin 08/16/11</p>			S0000	No citation attached.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150164		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2011	
NAME OF PROVIDER OR SUPPLIER MONROE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 4011 S MONROE MEDICAL PARK BLVD BLOOMINGTON, IN 47403			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0762	<p>410 IAC 15-1.5-4(f)(13)</p> <p>(f) All inpatient records, except those in subsections (g), shall document and contain, but not be limited to, the following:</p> <p>(13) A discharge summary authenticated by the physician. A final progress note may be substituted for the discharge summary in the case of a normal newborn infant and uncomplicated obstetric delivery. The final progress note should include any instruction given to the patient and family.</p> <p>Based on document review and interview, the hospital failed to ensure the completion of medical records within 30 days for 2 of 5 medical records reviewed (MR#2, MR#4) that lacked a discharge summary or final progress note.</p> <p>Findings include:</p> <p>1. Review of patient medical records on 7-11-11 indicated the following: MR#2 was admitted on 5-8-11, discharged 5-10-11 and the record lacked a discharge summary or final progress note. MR#4 was admitted on 4-22-11, discharged 4-23-11 and the record lacked a discharge summary or final progress note.</p> <p>2. Review of the medical staff Rules and Regulations, approved 8-2009, indicates</p>			S0762	<p>The Director of H.I.M and the Medical Staff Liason office has implemented new monitors and messages to the medical staff on delinquent records. They have issued letters according to the facility by-laws on suspensions becoming automatic on the 31st day if a record has not been completed at the 30 day mark. The Director of H.I.M. is monitoring the issue daily and reporting new monthly performance improvement delinquency rates to the Director of Quality.</p>		08/01/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150164		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/11/2011	
NAME OF PROVIDER OR SUPPLIER MONROE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 4011 S MONROE MEDICAL PARK BLVD BLOOMINGTON, IN47403			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>the following:</p> <p>F. A discharge summary shall be written or dictated on patient hospitalizations over forty-eight (48) hours. A final progress note may be substituted for the discharge summary only for those patients who required less than a 48-hour period of hospitalization.</p> <p>G. All members are responsible for completing their medical records within thirty (30) days of a patient's discharge. Failure to complete incomplete records by the suspension date will result in the record becoming delinquent and the physician will be automatically suspended of all privileges, including admitting, emergency room, consults, etc.</p> <p>3. Interview with #S3 on 7-11-11 at 1255 hours confirms the medical records of MR#2 and MR#4 lack discharge summaries or final progress notes; confirms #P4 is delinquent and has not been suspended per medical staff rules and regulation requirements.</p> <p>4. Interview with #S5 on 7-11-11 at 1315 hours confirms the medical records of MR#2 and MR#4 lack discharge summaries or final progress notes.</p> <p>5. Interview with #S4 on 7-11-11 at 1405 hours confirms #P4 is delinquent on completing medical records and has not been suspended per the medical staff rules and regulation requirements.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150164		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/11/2011	
NAME OF PROVIDER OR SUPPLIER MONROE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 4011 S MONROE MEDICAL PARK BLVD BLOOMINGTON, IN47403			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0870	<p>410 IAC 15-1.5-5(b)(3)(N)</p> <p>(b) The medical staff shall adopt and enforce bylaws and rules to carry out its responsibilities. These bylaws and rules shall:</p> <p>(3) include, but not be limited to, the following:</p> <p>(N) A requirement that all physician orders shall be:</p> <p>(i) in writing or acceptable computerized form; and</p> <p>(ii) shall be authenticated by the responsible individual in accordance with hospital and medical staff policies.</p> <p>Based on document review and interview, the medical staff failed to enforce the medical staff rules and regulations related to authentication requirements to include signature and date for 4 of 5 (MR#1, 2, 3, 5) medical records reviewed.</p> <p>Findings include:</p> <p>1. a. Review of medical records on 7-11-11 indicated the following: MR#1, 2, 3, 5 lacked the date with the physician signature on preprinted orders titled Resuscitation Protocol: Physician Order Sheet.</p> <p>b. Medical Records (MR#1) lacked the physician signature on the preprinted orders titled Resuscitation Protocol: Physician Order Sheet.</p> <p>2. Review of the Medical Staff</p>			S0870	<p>The form in question "Do Not Resuscitate" physician order sheet has been changed to include a signature block, date and time slot for physicians. The Case Manager has begun reviewing all physician orders on a daily basis for proper documentation and authentication as outlined in hospital policy. The Director of H.I.M has created a new performance improvement measure to report improper authentication on physician orders to the Director of Performance Improvement and the Medical Staff liason office - where the daily offenses will be sent to the physician immediately.</p>		09/01/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150164		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/11/2011	
NAME OF PROVIDER OR SUPPLIER MONROE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 4011 S MONROE MEDICAL PARK BLVD BLOOMINGTON, IN 47403			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S0872	<p>Bylaws/Rules and Regulations on 7-11-11, approved August 2009, indicated the following: C. 2. Preprinted Orders: Preprinted orders of members shall be included as a part of the medical record, dated and signed by the member.</p> <p>3. Interview with #S5 on 7-11-11 at 1315 hours confirms that A-N-D is the resuscitation protocol to "allow natural death"; #S5 confirms the medical records of MR#1, 2, 3, and 5 lack a date when the A-N-D (allow natural death) orders were signed by the physician and MR#1 lacks a physician signature as required by medical staff rules and regulations.</p> <p>410 IAC 15-1.5-5(b)(3)(P)</p> <p>(b) The medical staff shall adopt and enforce bylaws and rules to carry out its responsibilities. These bylaws and rules shall:</p> <p>(3) include, but not be limited to, the following:</p> <p>(P) A requirement that the the final diagnosis be documented along with completion of the medical record within thirty (30) days following discharge.</p> <p>Based on document review and interview the medical staff failed to enforce their medical staff bylaws/rules and regulations for completion of medical records within 30 days for 2 of 5 medical records reviewed (MR#2, MR#4)</p>		S0872	<p>The Medical Executive Committee was presented the survey report and instructed on the importance of enforcing the Medical Staff bylaws by the hospital's legal counsel. The Board of Directors issued a</p>		08/16/2011	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/01/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150164		(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		(X3) DATE SURVEY COMPLETED 07/11/2011	
NAME OF PROVIDER OR SUPPLIER MONROE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 4011 S MONROE MEDICAL PARK BLVD BLOOMINGTON, IN47403			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>Findings include:</p> <ol style="list-style-type: none"> Review of patient medical records on 7-11-11 indicated the following: MR#2 was admitted on 5-8-11, discharged 5-10-11 and the record lacked a discharge summary or final progress note. MR#4 was admitted on 4-22-11, discharged 4-23-11 and the record lacked a discharge summary or final progress note. Review of the medical staff Rules and Regulations, approved 8-2009, indicates the following: F. A discharge summary shall be written or dictated on patient hospitalizations over forty-eight (48) hours. A final progress note may be substituted for the discharge summary only for those patients who required less than a 48-hour period of hospitalization. G. All members are responsible for completing their medical records within thirty (30) days of a patient's discharge. Failure to complete incomplete records by the suspension date will result in the record becoming delinquent and the physician will be automatically suspended of all privileges, including admitting, emergency room, consults, etc. Interview with #S3 on 7-11-11 at 1255 hours confirms the medical records of MR#2 and MR#4 lack discharge summaries or final progress notes; confirms #P4 is delinquent and has not been suspended per medical staff rules and regulation requirements. Interview with #S5 on 7-11-11 at 1315 hours confirms the medical records of MR#2 and MR#4 lack discharge summaries or final progress notes. Interview with #S4 on 7-11-11 at 1405 hours confirms #P4 is delinquent on completing medical records and has not been suspended per the medical staff rules and regulation requirements. 				<p>message to the Medical Staff at the August meeting on the enforcement of bylaws related to medical record completion and proper medical record documentation. The Medical Staff liason office will monitor enforcement of violations of the bylaws and medical staff rules and regulations - reporting all instances to the CEO daily. A Performance Improvement quality report has been developed related to the medical staff and performance of their duties.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/01/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150164		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2011	
NAME OF PROVIDER OR SUPPLIER MONROE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 4011 S MONROE MEDICAL PARK BLVD BLOOMINGTON, IN 47403			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE